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AUTHOR Tremonti, Joseph B.; Reingruber, Muriel M.
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ABSTRACT

The presentation deals with four of the factors that have made the Illinois Developmental Centers for the Retarded a success. The following four factors are discussed: (1) the philosophy that the developmentally disabled are individuals and members of society with rights and privileges due all citizens; (2) intensive staff development programs which are continuous throughout the entire career of an employee; (3) individual habilitation programs based on the concept of normalization; and (4) recognition that change must take place. (Author/SBH)

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FACTORS CONTRIBUTING TO "PERFECT RATING" and ACCREDITATION OF ILLINOIS STATE D.D. FACILITIES

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Summary

This presentation deals with four of the many factors that have made the Illinois Developmental Centers for the retarded, leaders in receiving a "perfect rating" and number of facilities receiving accreditation by the Joint Commission of Accreditation of Hospital. The four factors are:

1. Early prescription to the philosophy that the developmentally disabled are individualr and members of society with rights and privileges due all citizens.
2. Intensive staff development programs which are continious throughout the entire career of an employee.
3. All individual habilitation programs are developed on the concept of "normalization".
4. Recognition we must not stagnate but move forward if we wish to continue our leadership.

Dr. Joseph B. Tremonti, Educ. Adm.
S. Shapiro Developmental Center
100 E. Jeffery
Kankakee, Il. 60901 U.S.A

and

Muriel M. Reingruber, M.H. Adm.
E. Ludeman Developmental Center
114 No. Orchard Drive
Park Forest, Il. 60466 U.S.A.

(C)

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Dr. Joseph B. Tremonti, Educ. Admin.
S. Shapiro Developmental Center
100 East Jeffery Street
Kankakee, Illinois 60901 U.S.A
(815) 939-8264

and

Muriel M. Reingruber, M.H. Admin.
E. Ludeman Development Center
114 North Orchard Avenue
Park Forest, Illinois 60466 U.S.A.
(312) 747-8100

FACTORS CONTRIBUTING TO "PERFECT RATING" AND ACCREDITATION OF ILLINOIS STATE D.D. FACILITIES

Introduction

In 1976 the residential facilities for the mentally retarded (in the U.S. referred to as D.D. - developmentally disabled) in the State of Illinois received a "perfect" rating. Dr. Earl C. Butterfield studied the 50 states of the United States in relation to cost per patient per day, numbers in residential care for each 1,000,000 population, number of admission per 1,000, capital expenditures, patient-employee ratios, releases and maintenance of effort in terms of trends for a period from 1962 to 1975.

Dr. Butterfield's survey has been published in the report of the President's Committee on Mental Retardation, titled "Changing Patterns in Residential Services for the Mentally Retarded."

The number of facilities accredited was not considered by Dr. Butterfield, but research shows that as of June 25, 1976 there were a total of 61 residential facilities for the mentally retarded who had been accredited by the Joint Commission throughout the entire United States. Illinois led with 12 or 20% of the total number meeting the standard for such accreditation.

Illinois has been able to move ahead because of various factors. The first being that we early prescribed to the philosophy that the developmentally disabled are individuals and members of society and are entitled to the same rights and privileges due all citizens.

A second factor is the intensive staff development given not only to new employees, but continuing during their entire career with the Department of Mental Health. These programs are a requirement to advance up the career ladder.

A third factor is that all resident programs are developed on the concept of "normalization", which refers to a plan for making available to our residents conditions of everyday life which are as close as possible to the norms and patterns of the mainstream

of society. These programs then became individual habilitation plans to provide for development of the individual no matter how severe his or her disability. Since development of an individual is usually sequential and orderly, the evaluations instruments and the programs are structured around the belief that certain adaptive behaviors are prerequisite for more complex behavior.

Last, but not least, is the recognition that one must not stagnate but move forward if one wishes to continue to be recognized as a leader.

This paper will, based on our philosophy, present three of the factors that have contributed to the "perfect rating" and accreditation of Illinois facilities. These are: staff development, programming and current trends.

Staff Development

Illinois has adopted a statewide program of staff development or training for employees which allows for promotion within our generalist serires, with the entry level of Mental Health Technician I through Mental Health Administrator.

All programs must meet state policy guidelines for the following essential functions: Design; Implementation; Evaluation; and Documentation.

Design

The spiral curriculum concept, i.e., the teaching of the same subject matter at increasing levels of complexity to correspond with increased levels of duties and responsibilities is used, when appropriate, to design training programs.

Training programs are established with specific training objectives in mind. Designed with an emphasis on "the competencies needed to perform one's job more effectively" rather than "the number of hours one has been in training." Length of training programs depends on individual rates of learning and demonstration that the trainee has mastered the course content of the subject material being studied. Length of training period for entry into the series and promotion within the series are at least 3 months (520 hours) and normally not longer than 6 months (1040 hours).

Implementation

Each training program consists of eight basic components. These components and recommended minimum number of hours are:

1. Orientation to the job (8 hours), acquainting the trainee with philosophy, policies, objectives and programs of the Department of Mental Health and Developmental Disabilities, personnel system, training, treatment and rehabilitation functions and the practices of the program to which the trainee is assigned, kind and nature of special services that are offered as adjuncts to the program, job description, listing the duties and responsibilities of that position classification and training requirements for course completion.

2. Study in Humanistic Attitudes and Values (8 hours), consists of orienting the trainee or person toward understanding, appreciation and practicing those attitudes and values that are relevant to working with and serving people.

3. Discussion of Human Relationship Factors (8 hours), consists of opportunities for the trainee to discuss his personal responses to the training program, treatment programs, and organizations of which he is becoming a participating member. The discussions especially consider the contribution that the trainee can make to both co-workers and residents, the participative problems he experiences in these situations, and what he can do to resolve his difficulties in them.

4. Study in Theory Supporting Practice (40 hours), consists of instruction in the trainee's areas of practice that has to do with the fundamental conceptualizations, principles, and ideas which can give meaning and order to applied undertakings.

5. Skill Training (40 hours), consists of supervised training in human relationships and other technical skills which are required in the performance of the duties of the trainee's role in the mental health program

6. Practice in Solving Technical Work Problems (16 hours), consists of actual opportunities instructionally oriented toward the solution of problems arising from the application of training to work practice.

7. On The Job Training (400 hours), occurs in the treatment program to which the trainee is to be assigned. The training is conducted by the functional work supervisor (s).

8. Elective Time, is time that is individually structured in joint consultation among the trainee, his work supervisor, and the training coordinator. The time is for the purpose of remedial learning and enrichment experiences.

The training occurs in a sequential manner that will permit the trainee or person to be trained to do a task and then to be phased into the service program in the performance of the task as a part of his regular work role.

Evaluation

The purpose of evaluation is to determine whether a particular program of action has achieved the stated objectives. Objectives need to be stated for the program as a whole, for each component, and for trainees.

The evaluation of a training program is concerned with determining: The adequacies of the training plan, personnel, trainee to successfully complete the training program and to competently perform the tasks of his work role. The adequacy of the work environment to support the practice of the workers training.

Each facility is responsible for its own staff development, and each section of the program is presented and graded by a professional staff member in his/her own area of expertise. Every staff member has on file in the staff development department documentation as to classes and on-the-job training that has been successfully completed. Then and only then does the coordinator of staff development sign the necessary promotion papers.

Training grants: Each facility has a training grant which monies come from the federal government. These funds are used to pay for local, state and national workshops or conventions fees, consultants, speakers from all areas of professional expertise and to pay tuition for any employee who takes college courses relevant to his work.

Documentation

The purpose for documentation is to facilitate an audit, the transfer of an employee, information access, and planning. If an employee is transferred to another facility or agency of the Department of Mental Health, a copy of the Employee Training Record shall be forwarded to such facility or agency.

Documentation shall include: The objectives of the training components and their general context, course outline, method of evaluating trainees, methodology and special materials and instructional materials.

Programming

Individualized habilitation plans for every resident in a state facility must also follow certain guidelines. The guidelines include: an initial habilitation/treatment

plan must be prepared and entered into the resident's record within 24 hours of admission, and within fourteen days, a detailed, revised habilitation plan must be in effect.

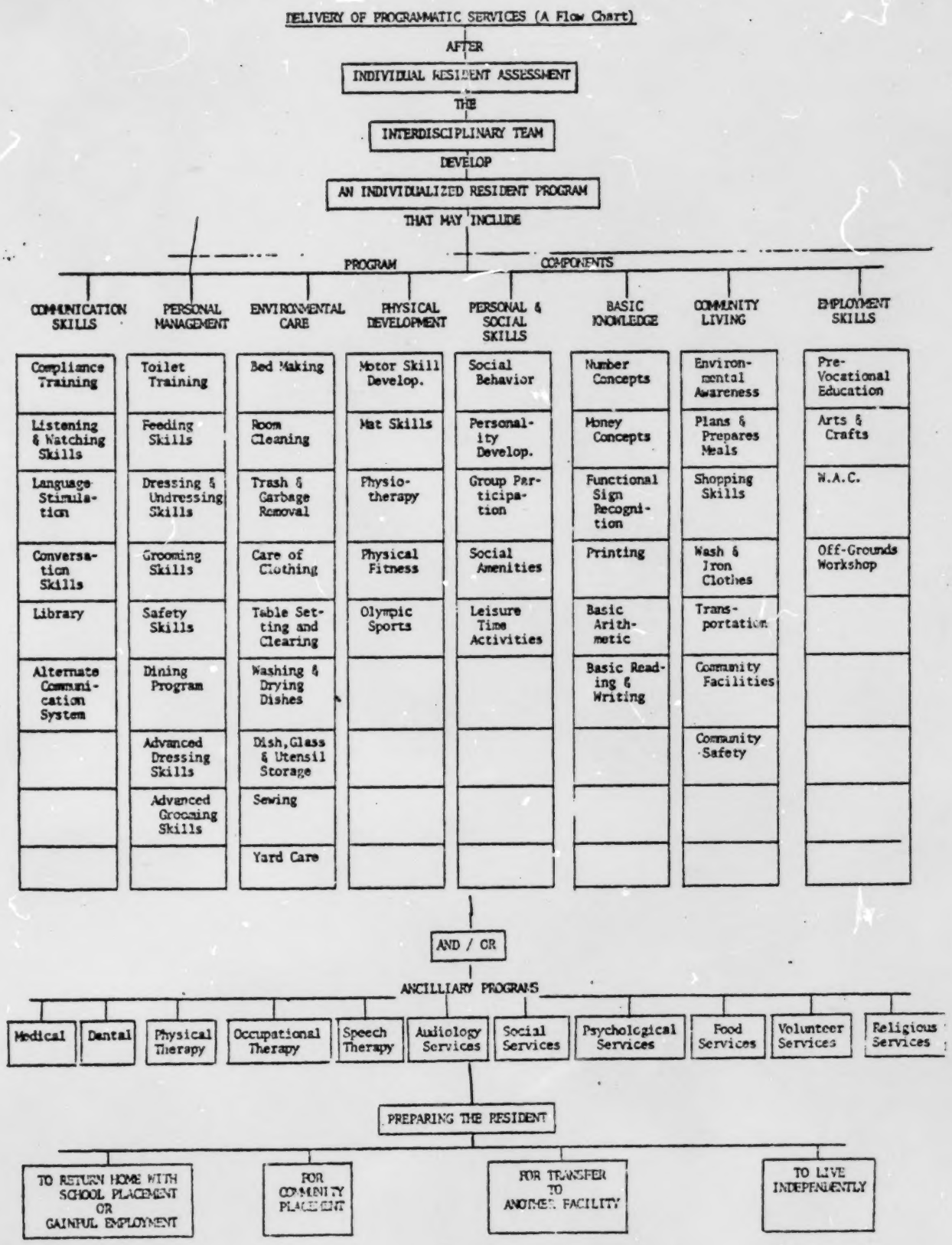
The latter plan is the result of examination, testing and assessment by professionals in the various disciplines, and the findings are discussed using an interdisciplinary team approach. Ordinarily this team consists of psychologist, social worker, medical doctor, nurse, program specialist, educator, activity therapist, speech pathologist, unit administrator, and resident's guardian or conservator. Other professional staff such as physical or occupational therapist, dentist, dietician, audiologist are included if needed.

The team then, through the sharing of skills and expertise of its members, is responsible for all vital decisions affecting the resident's life. The team function is to design an program/treatment plan tailored to the individual needs of the resident, evaluating and re-evaluating progress or lack of it and making recommendations for changes in the program plan with the ultimate goal of reintegration of the resident into his own home, or some other type of community setting.

The needs of the residents require a variety of services. For organization purposes the services found have been divided into eight program components.

The flow for delivery of programmatic services may be summarized as follows: (See Delivery of Programmatic Services (A Flow Chart) on following page) The services begin with the individual resident assessment, followed by the development of an individualized program by the interdisciplinary team that may include a variety of the program components, depending on individual needs. The program components include: Communication, personal management, environmental care skills, physical development, personal and social skills, basic knowledge, community living skills and employment skills. These major areas are sub-divided into various programs in which residents are to be trained according to needs.

Communication includes: compliance training, listening and watching skills, language stimulation, conversational skills, library, and alternate communications system (such as Braille, sign language, etc.). Personal management comprises: toilet training, feeding skills, dressing and undressing skills, grooming skills, safety skills, dining programs, advanced dressing and grooming skills.


DELIVERY OF PROGRAMMATIC SERVICES (A Flow Chart)
AFTER
INDIVIDUAL RESIDENT ASSESSMENT
THE
INTERDISCIPLINARY TEAM
DEVELOP
AN INDIVIDUALIZED RESIDENT PROGRAM
THAT MAY INCLUDE
PROGRAM COMPONENTS
COMMUNICATION SKILLS
PERSONAL MANAGEMENT
ENVIRONMENTAL CARE
PHYSICAL DEVELOPMENT
PERSONAL & SOCIAL SKILLS
BASIC KNOWLEDGE
COMMUNITY LIVING
EMPLOYMENT SKILLS
Compliance Training
Listening & Watching Skills
Language Stimulation
Conversation Skills
Library
Alternate Communication System
Toilet Training
Feeding Skills
Dressing & Undressing Skills
Grooming Skills
Safety Skills
Dining Program
Advanced Dressing Skills
Advanced Grooming Skills
Bed Making
Room Cleaning
Trash & Garbage Removal
Care of Clothing
Table Setting and Clearing
Washing & Drying Dishes
Dish, Glass & Utensil Storage
Sewing
Yard Care
Motor Skill Develop.
Mat Skills
Physiotherapy
Physical Fitness
Olympic Sports
Social Behavior
Personality Develop.
Group Participation
Social Amenities
Leisure Time Activities
Number Concepts
Money Concepts
Functional Sign Recognition
Printing
Basic Arithmetic
Basic Reading & Writing
Environmental Awareness
Plans & Prepares Meals
Shopping Skills
Wash & Iron Clothes
Transportation
Community Facilities
Community Safety
Pre-Vocational Education
Arts & Crafts
W.A.C.
Off-Grounds Workshop
AND / OR
ANCILLIARY PROGRAMS
Medical
Dental
Physical Therapy
Occupational Therapy
Speech Therapy
Audiology Services
Social Services
Psychological Services
Food Services
Volunteer Services
Religious Services
PREPARING THE RESIDENT
TO RETURN HOME WITH SCHOOL PLACEMENT OR GAINFUL EMPLOYMENT
FOR COMMUNITY PLACEMENT
FOR TRANSFER TO ANOTHER FACILITY
TO LIVE INDEPENDENTLY

Environmental skills consist of: bedmaking, room cleaning, trash and garbage removal, care of clothing, table setting and clearing, washing and drying dishes, glass and utensil storage, sewing, and yard care. Physical development embraces all phases of: motor skill development, mat skills for the severely physically handicapped, physio therapy, physical fitness, competitive sports, and olympic sports. Personal and social skills encompasses: training in social behavior, personality development, group participation, social amenities and leisure time activities. Basic knowledge is training in: number, money and time concepts, functional sign recognition, printing, basic arithmetic, basic reading and writing. Community living includes: environmental awareness, planning and preparing meals, shopping skills, washing and ironing clothes, transportation, community facilities and community safety. Employment skills includes: pre-vocational education, arts and crafts, Work Activity Center, and off-grounds workshops.

The programs outlined are basic to all facilities and are not intended to be totally comprehensive.

Facilities believe and use a positive approach in guiding the development of each resident by incorporating behavior modification techniques to achieve the goals in all programmatic areas.

The programmatic services available include a number of ancilliary programs, again dependent on resident need, as determined by an individualized habilitation plan. These consist of: medical, dental, social, psychological, audiology, food, volunteer services, religious services, physical therapy, occupational therapy and speech therapy. All of the above services are preparing the resident to return home and attend school or be gainfully employed, dependent upon his or her age; for community placement such as: a sheltered care home, a group home, or a foster home; for transfer to another State facility; or the ultimate, to live independentaly as a useful productive member of society. The entire program guide is on a continuum from dependent to independent.

Each individual resident's progress is recorded by means of charts and graphs. Once a month each program is evaluated and reviewed and documented by unit or home staff supervisors and program coordinator to determine growth in the various skills and/or make adjustments or revisions needed to better meet the individual needs.

This review includes progress, behavioral objectives, short description of the treatment programs, general observations of activities, home or parent visits and information not included in the objectives for the month. Finally, a report on the status of each recommendation made by the interdisciplinary team upon entrance or at the annual staffing.

Once a year the entire disciplinary team review in depth each resident's entire yearly record to make decisions for future programs and recommend an ultimate and realistic goal and date for release to a less-restrictive environment if possible.

The annual staffing is an in-depth and comprehensive up-dated evaluation and review by the entire interdisciplinary team and includes: description of resident; diagnosis; major presenting problem; social history; medical and nursing reports; treatment programs; recommendations for the next year; and a statement of the ultimate goal.

Current Trends

Illinois was a leader among the states in adopting the federal policy of community based care. Since the 1960's we have seen a steady increase in the number of community mental health and developmental disabilities programs and a steady decrease in the number of persons receiving care in a state institution.

Community based care is widely advocated by most mental health professionals as preferable in all but the most extreme cases. It allows those receiving services to remain close to their families, friends and employment.

The current trend is to make the following services available to all citizens of Illinois as needed:

Preventive
Crisis and emergency
Diagnostic and assessment
Outpatient treatment
Respite care
Follow-up
Foster Homes
Apartment Living
Sitter-Companion Services
Chore Services
Case finding, Information and referral
Consultation and education
Inpatient
Partial hospitalization
Day-care-Training Programs for Children/adults
Aid to community based facilities in programming
Group Homes
Homemaker Services
Night-care Services
Legal Assistance

Illinois is leading the way in achieving maximum humanization, normalization and development of the mentally retarded. This part is portrayed in our presentation and substantiated by Dr. Butterfield's survey.